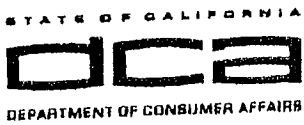


# DENTAL BOARD OF CALIFORNIA



2005 EVERGREEN ST., STE 1550  
SACRAMENTO, CA 95815-3831  
916 263-2300 (TOLL FREE 877 729-7789)



## RENEWAL NOTICE

PART  
1

FILL IN THE FOLLOWING INFORMATION & RETAIN TOP PORTION FOR YOUR RECORDS. COMPLETE AND RETURN BOTTOM PORTION IN ENCLOSED ENVELOPE  
\*\*\*\*\* I M P O R T A N T \*\*\*\*\*  
DO NOT SEND CASH. SEND A CHECK OR MONEY ORDER MADE PAYABLE TO:  
DENTAL BOARD OF CALIFORNIA

RDERP  
06/19/08

TYPE	PERMIT NO	PERMIT EXPIRES	RENEWAL FEE PAID	DATE RENEWAL MAILED	YOUR CHECK NUMBER
			\$	/ /	

## NOTICE

In accordance with Title 16, Section 1016<sup>c</sup>(2) of the California Code of Regulations, ~~every continuing education provider's registration expires two years from the date of its issuance.~~ The permit registration for the provider named below is expiring and requires renewal. The provider may apply for renewal by completing and returning Part 3 of this application with the required fee and the biennial report. If the registration is not renewed by the expiration date listed below, the provider permit will be CANCELLED. YOU MAY NOT CONTINUE TO ISSUE APPROVED CONTINUING EDUCATION CREDIT IF THE PERMIT IS NOT RENEWED.

### PLEASE READ THE FOLLOWING BIENNIAL REPORTING REQUIREMENTS

The biennial report must include the information listed below.

1. Name, address and current contact information.
2. Provider permit number.
3. A list of all information for courses given during the last two years including:
  - a) Course ~~names~~ <sup>names + titles</sup>
  - b) Course registration numbers <sup>issued for each course.</sup>
  - c) Dates ~~courses were~~ <sup>offered</sup>
  - d) Number of credit hours granted
  - e) Instructor names and qualifications
  - f) Summary of course content <sup>for each course</sup>
  - g) Sample of provider's written certificate of completion

A sample reporting form is included for your reference.

TACH HERE & RETAIN PART 1 FOR YOUR RECORDS. ALLOW 6-10 WEEKS FOR PROCESSING YOUR RENEWA

RETURN THIS FORM WITH ADDRESS BELOW VISIBLE IN THE RETURN ENVELOPE WINDOW. BE SURE TO INCLUDE YOUR CHECK

PART  
2

CA STATE DEPT OF CONSUMER AFFAIRS  
P.O. BOX 942511  
SACRAMENTO, CA 94258-0511

PART  
3



## CONTINUING EDUCATION REGISTERED PROVIDER PERMIT RENEWAL APPLICATION

DENTAL BOARD OF CALIFORNIA

PERMIT NO PERMIT EXPIRES

AMOUNT DUE  
NOW

IF POSTMARKED  
AFTER

CANCELED

**F. CERTIFICATION.** THIS CERTIFICATION MUST BE SIGNED BY THE ADMINISTRATOR OF THE PROVIDER ORGANIZATION. I DECLARE, UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION IN THIS APPLICATION AND BIENNIAL REPORT ARE TRUE AND CORRECT AND THAT ALL COURSES OFFERED FOR CREDIT MEET THE REQUIREMENTS SET FORTH BY THE BOARD.

Signature of Administrator Date

Printed Name of Administrator

Printed Name of Contact Person

Phone No of Contact Person ( )

E. Complete only if a change in name or address has occurred.  
New Name of Provider Organization:

New Address:

City:

State:

Zip:

Date of Change: